

Name In Full

Certificate of Death

Michael L. Anderson

Town

Pleasantville

County

Harford

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 29

Age 70.

3. 19

Maryland

Farmer

Male

White

Married

Widow

Divorced

Number of children living

Female

Colored

Single

Widower

Six

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

179

How long sick

18 hours

Death

Immediate

Heart-disease

Accident, Suicide, Homicide

Reported by

Dr. W. Davis M. D.

Address

Pleasantville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William H. Arnold

Died at	Town Aberdeen	County Harford	MARYLAND
Date 1903	Month 4 Day 23	Y. 67 M. — D. —	Native of Md
			Occupation Farmer
Male	White	Married	Widow
Female	Colored	Single	Widower
Husband of	Elizabeth Arnold		
Wife			
Father's Name	Henry Arnold	Mother's Maiden Name	Elizabeth Baker
Cause of Death	Primary Consumption	How long sick	5 years
	Immediate —	27	Accident, Suicide, Homicide

Reported by

[Redacted]  
S. H. Kennedy  
Aberdeen, Md.

Address

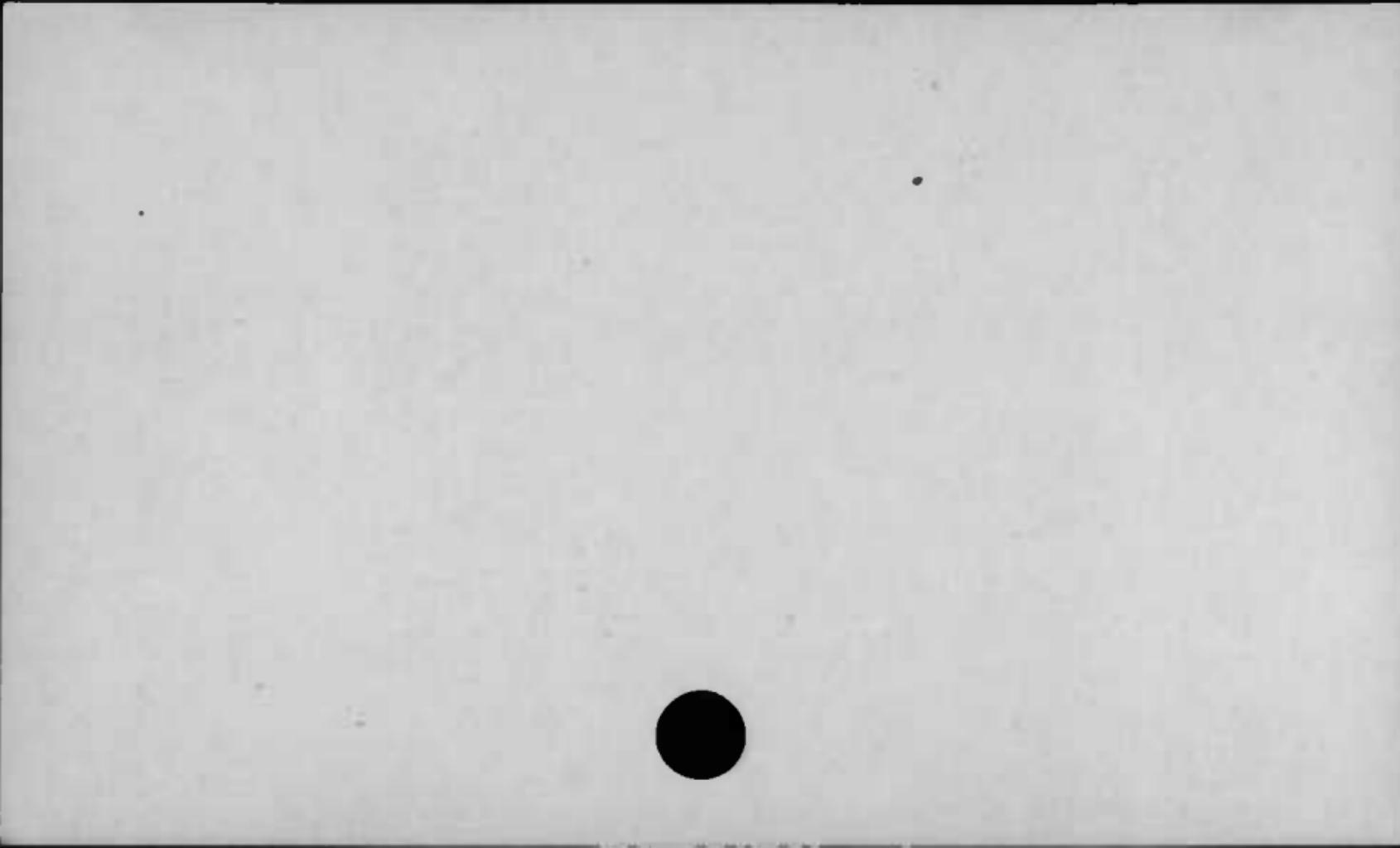
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Washor

Died at	Town Aberdeen	County Harford	MARYLAND
Date 1908	Month 4	Day 8	Y. M. D. Native of Age 69 3 - Me Occupation Male White Married Widow Retired
	Female Colored	Single	Divorced Number of children living 7
Husband of Wife	Ellen E. Asher		
Father's Name	W R Asher	Mother's Maiden Name	Sarah Wrigley
Cause of Death	Primary Chronic Gastritis Immediate Exhaustion		How long sick 2 yrs
Reported by	LIBRARY BUREAU, 78898		
Address	Aberdeen MD		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Whitford Ayres  
Town County  
Rocks Harford

Died at MARYLAND

Date 1903	Month April	Day 18	Y. 17	M. 10.23	D.	Native of Md	Occupation
Male	White		Married	Widow		Divorced	
Female	Entered		Single	Widower		Number of children living	

Husband of

Wife

Father's Name

John Ayars Mother's Ella O. Hawkins

Maiden Name

Cause of Death

Primary	Spinal Menigitis	How long sick
---------	------------------	---------------

Death

Immediate	Convulsions	Three months
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Reported by

Marion Jarrett

Address

Jarrettville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John H Barnes

Town

County

MARYLAND

Died at

Harford Furnace

Harf.

Date 1903

Month

Day

Y.

M.

19

Native

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Kellie

Cause of

Primary

do not know

How long sick

2 days

Death

Immediate

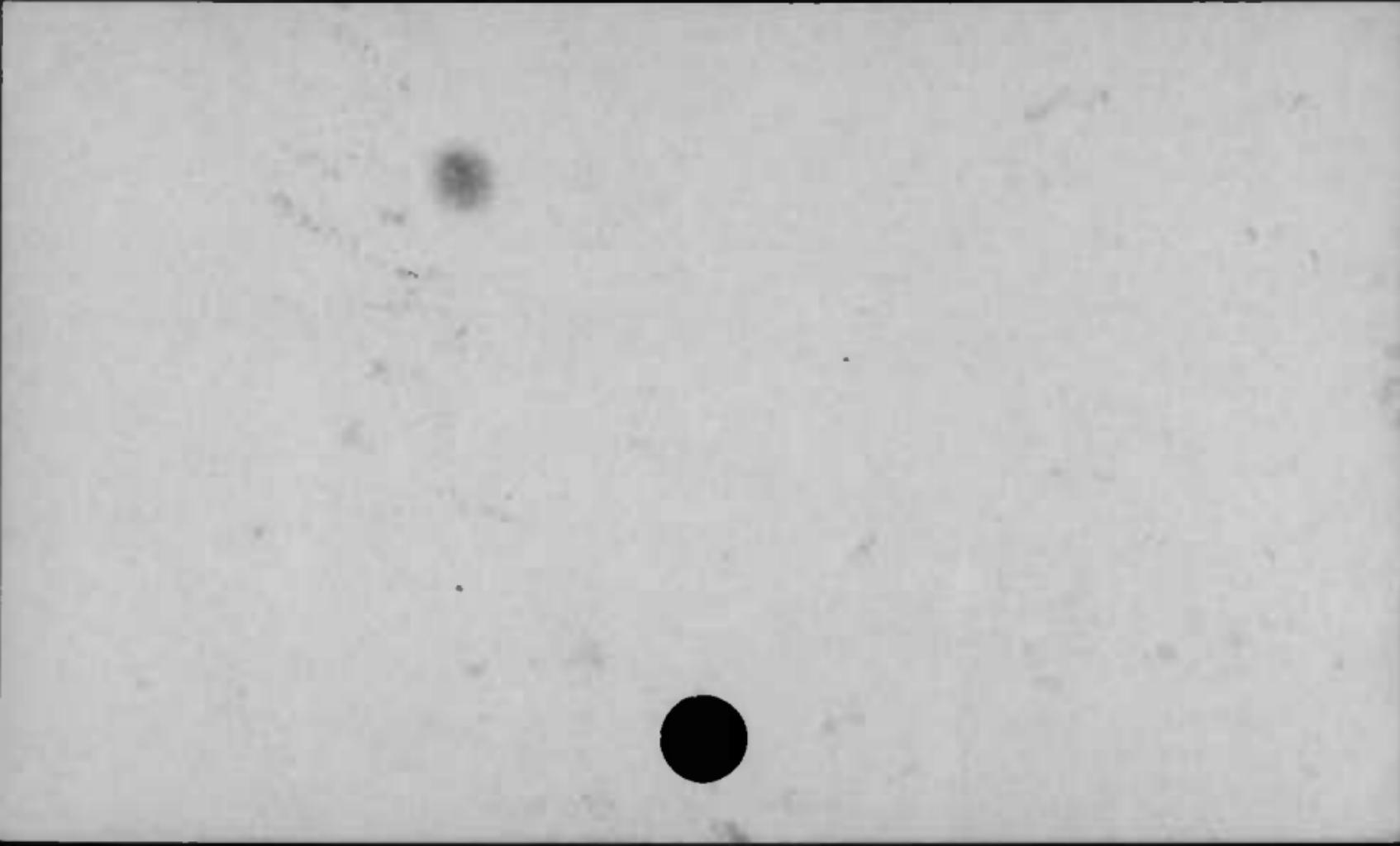
Accident, Suicide, Homicide

Reported by

H K McComas Undertaker  
Abingdon Harford Co

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Marcelline Berry

Died at Aberdeen

County Harford

MARYLAND

Date 1903

Month 3

Day 13

Y. 54

M. 1

D. 24

Native of Md

Occupation Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Henry Berry

Wife

Father's

Name

J.S. Robinson

Mother's

Maiden Name

/

Cause of

Primary

Heart Disease - acute

How long sick

4 years

Death

Immediate

79

Accident, Suicide, Homicide

Reported by

Attorney  
Aberdeen S.R. 95

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Maggie Numbers b/w

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place	Maryland	
Married, Single or Widowed	Occupation		House wife		
Name of Wife or Husband	L. Larson b/w				
Father's Name	James Numbers				
Mother's Maiden Name	Mary Griffin				
Name of person giving Information	G. W. Cole				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Disease

How long

Some years

Immediate

Fever

79

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

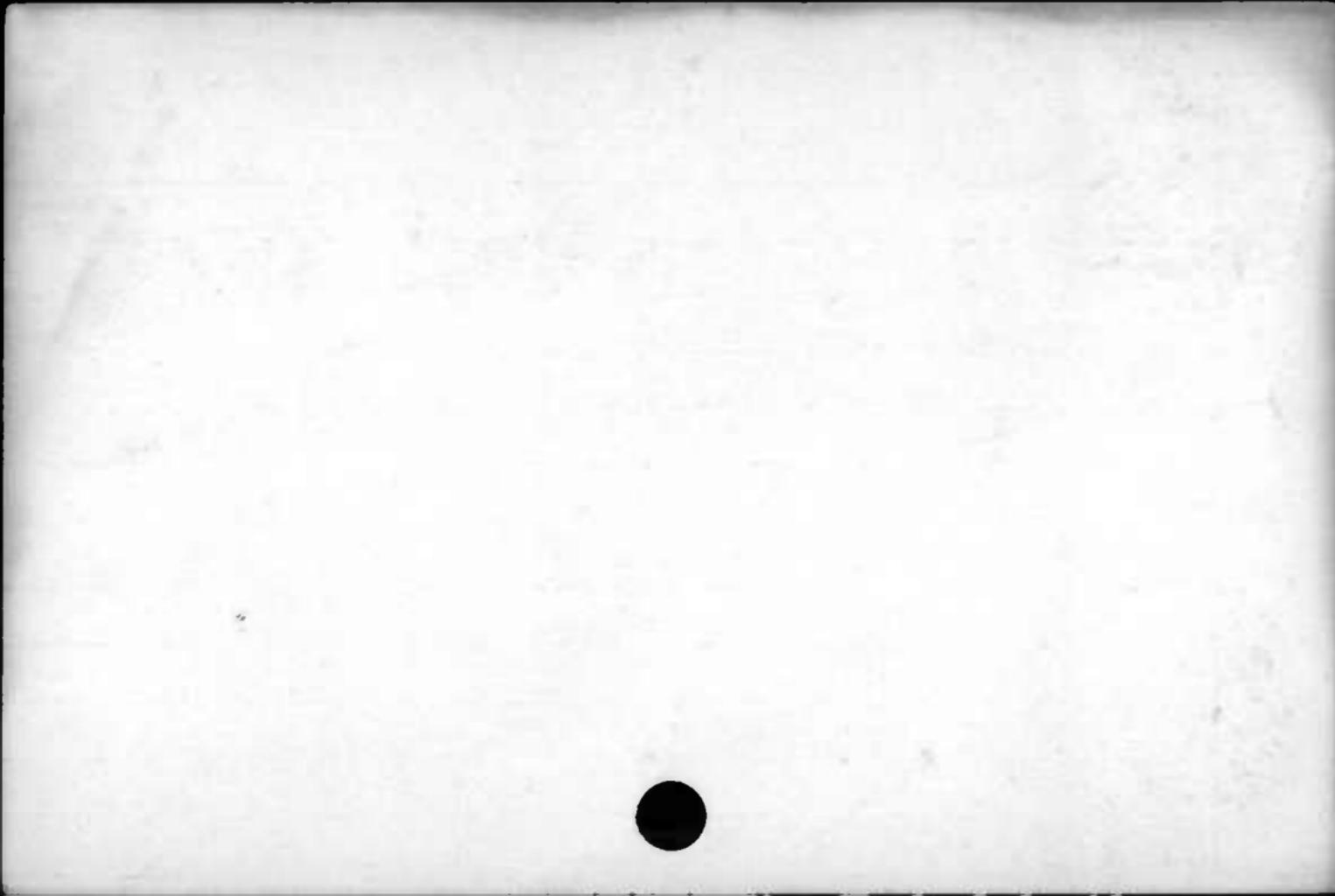
Yes

Signature of  
Physician

Address

C. H. Williams  
Bel Air

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

William				Fisher				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND			
Date of death 1903	Month April	Day 3	Years 66	Age 66	Months	Days			
Sex Male	Color or Race	colored -		Occupation Farmer	Birth- place Harford Co Md				
Married, Single or Widowed									
Name of Wife Husband	Louisa Fisher nee Moore								
Father's Name			✓		Father's Birthplace			✓	
Mother's Maiden Name			✓		Mother's Birthplace			✓	
Name of person giving Information	Mary Fairfax				How related to deceased			Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aphoplexy	How long
Immediate	Heart failure	How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

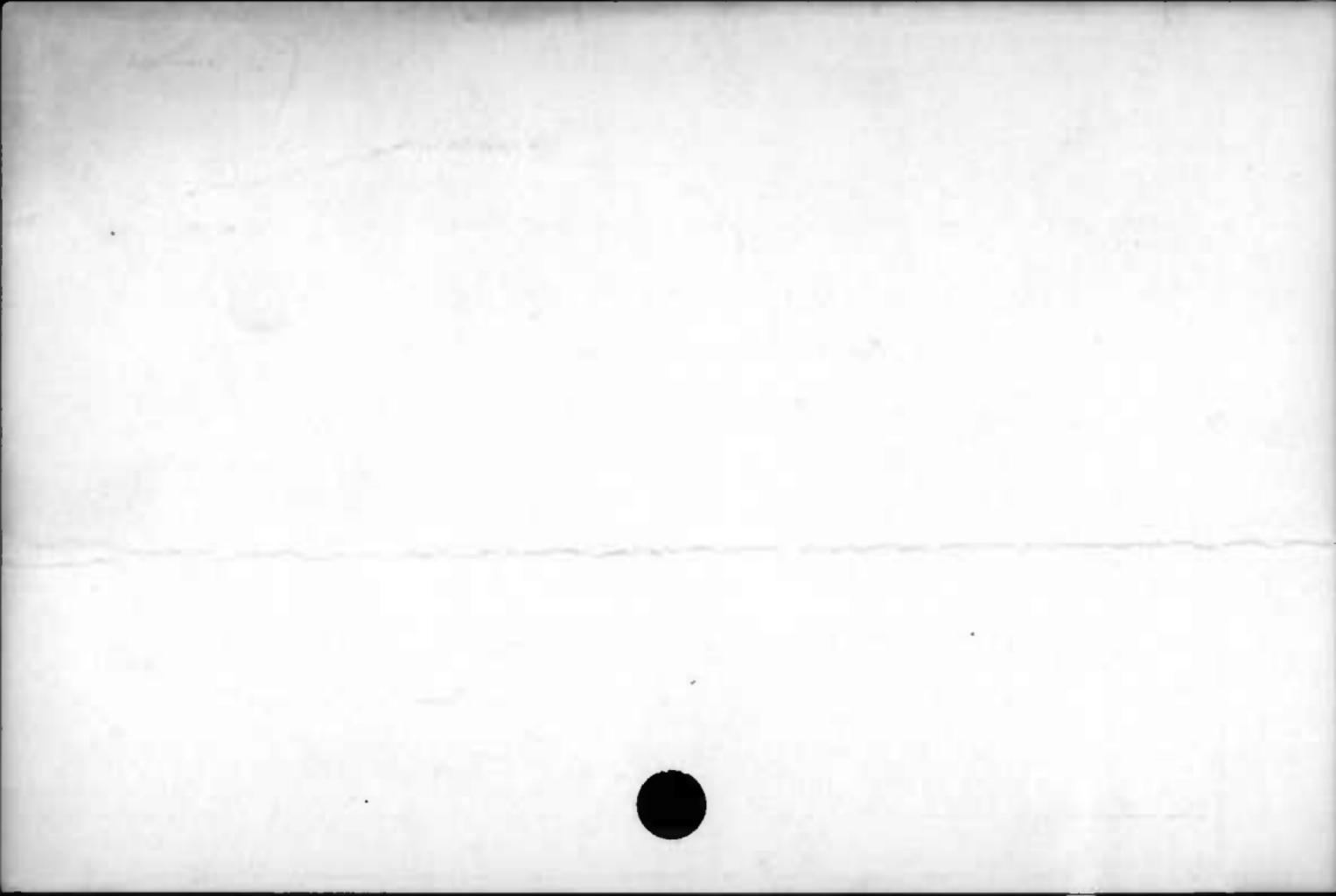
Signature of  
Physician

James F. T. Gorsuch M.D.

Address

Foxe Md

Accident or Suicide?



Alexander Fletcher

Town

County

Died at Pleasant Valley Harford State MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 1903 April 26

Age 78

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's  
Maiden Name

166

Cause of

Primary

Upsetting of wagon on

How long sick

Death

Immediate

Road home from Fishery

Accident, Suicide, Homicide

Reported by

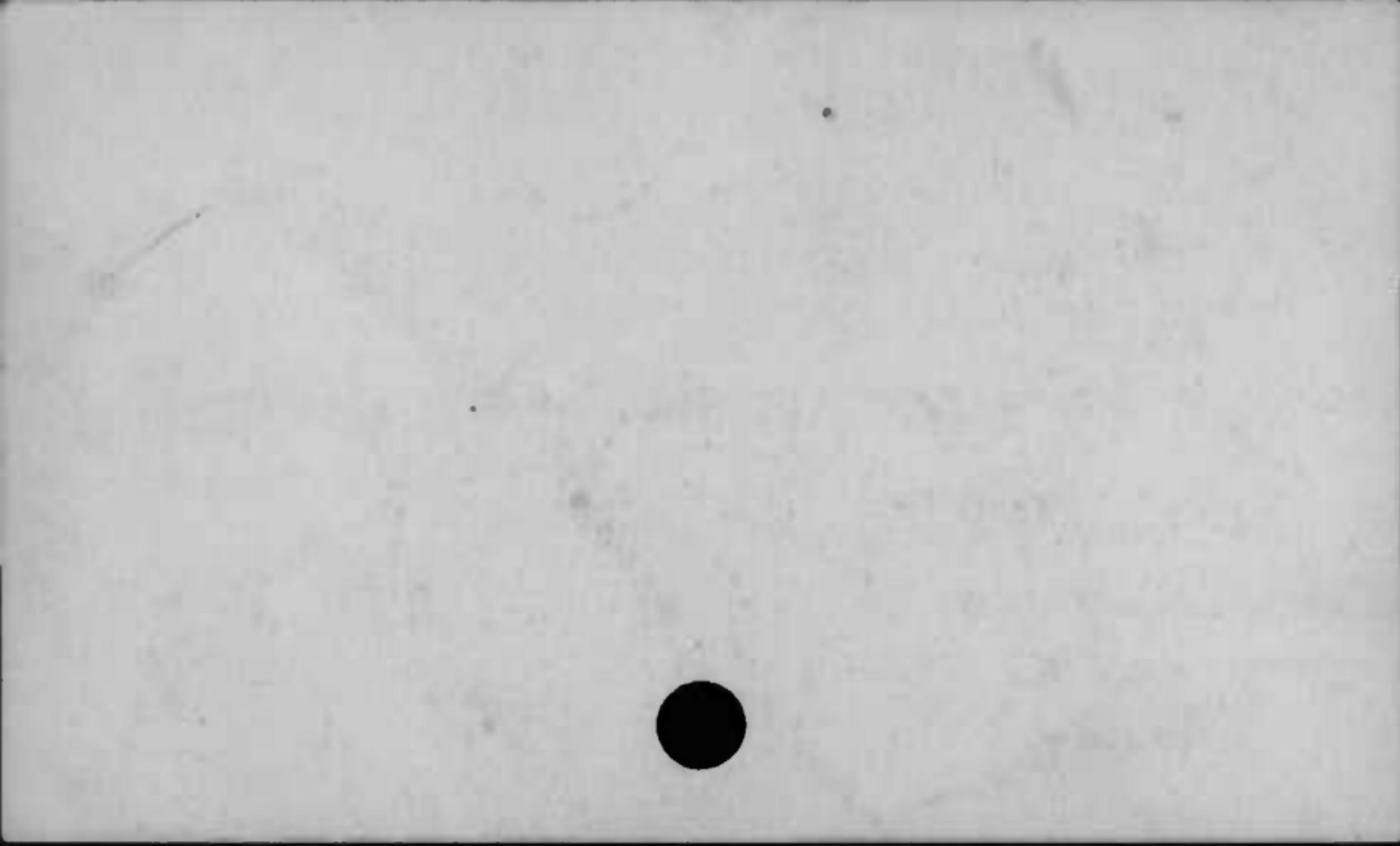
Grafton Fervor Undertaker.

Address

Petersville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Audrey Elmer

Town

County

Died at

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart & Kidneys Bright's How long sick  
Since last

Death

Immediate

Heart Failure 79 Accident, Suicide, Homicide

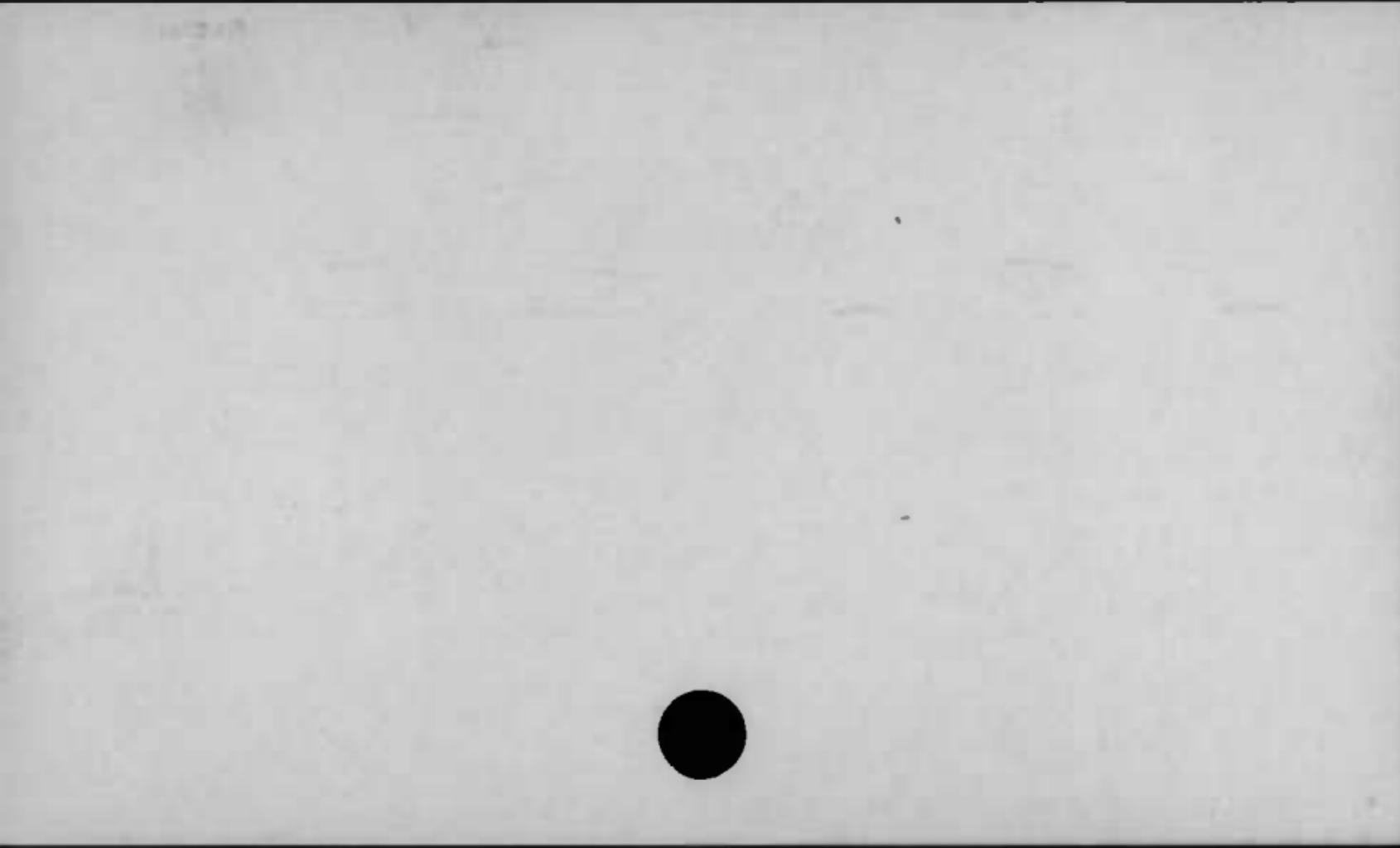
Reported by

Philadelphia

Address

Pennsylvania Block X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah Griffin

Died at	Town	Harford	MARYLAND
Date 1963	Month	Day	Y. M. D.
	4	15	5
	Male	White	Native of
	Female	Colored	Married
Husband of	Widow	Divorced	Occupation
Wife	Widower	Number of children living	
Father's Name	Thomas Griffin	Mother's Maiden Name	Kate Johnson
Cause of Death	Primary: Pneumonia Immediate:	A 1/2	How long sick one week
			Accident, Suicide, Homicide

Reported by

S. J. Attorney S. C. W. S.  
Aberdeen Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Gathrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month April	Day 23	Years 72	Months	Days	
Sex Male	Color or Race White			Birth-place	Delaware	
Married, Single or Widowed	Single	Occupation		Fabor		
Name of Wife or Husband						
Father's Name	Tom		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Found in Reasin shf		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

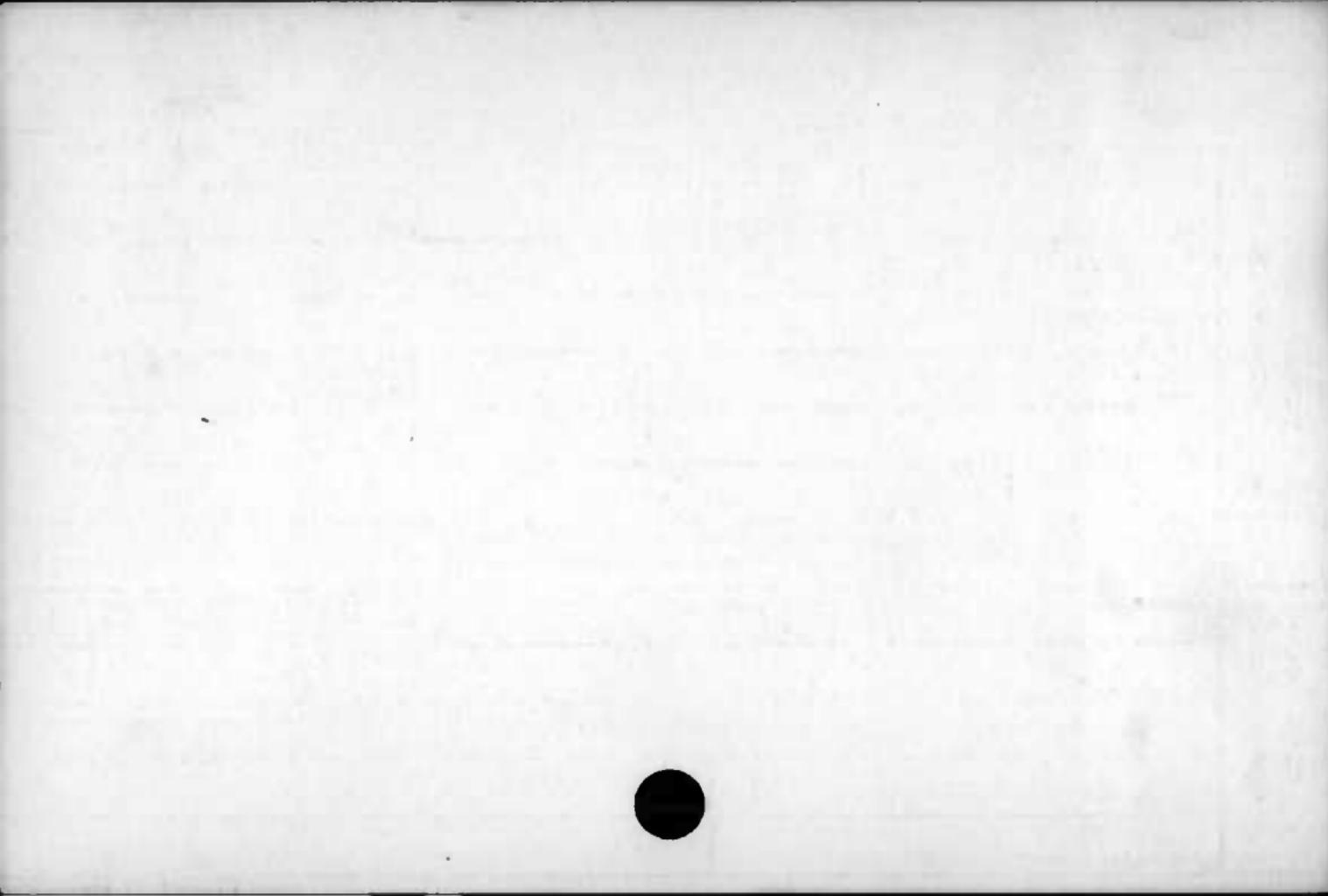
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Michael A. Falley, Coroner  
Hammond Street,  
Md.

Accident or Suicide?



Name in Full

Certificate of Death

Mary Emelie Hanson

Died at Magnolia Town Hanover County MARYLAND

Date <u>903</u> <del>1903</del>	Month <u>April</u>	Day <u>23</u>	Y. <u>43</u>	M. <u>1</u>	D. <u>7</u>	Native of <u>U.S.</u>	Occupation
	White		Age	Married	Widow	<del>Daughter</del>	
Female	<del>Colored</del>	<del>S</del>			Widower	Number of children living	<u>7</u>

Husband of Herman W. Hanson

Father's Name Kordon Edmund Mother's Name Mary

Cause of Death Child birth How long sick 136

Death Hemorrhage Accident Selfish Homicide

Reported by P. F. V. OppermannAddress Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

COLLECTION

THE LIBRARY

OF THE UNIVERSITY OF TORONTO

LIBRARY

UNIVERSITY OF TORONTO LIBRARIES



Name  
in  
Full

Hawkins

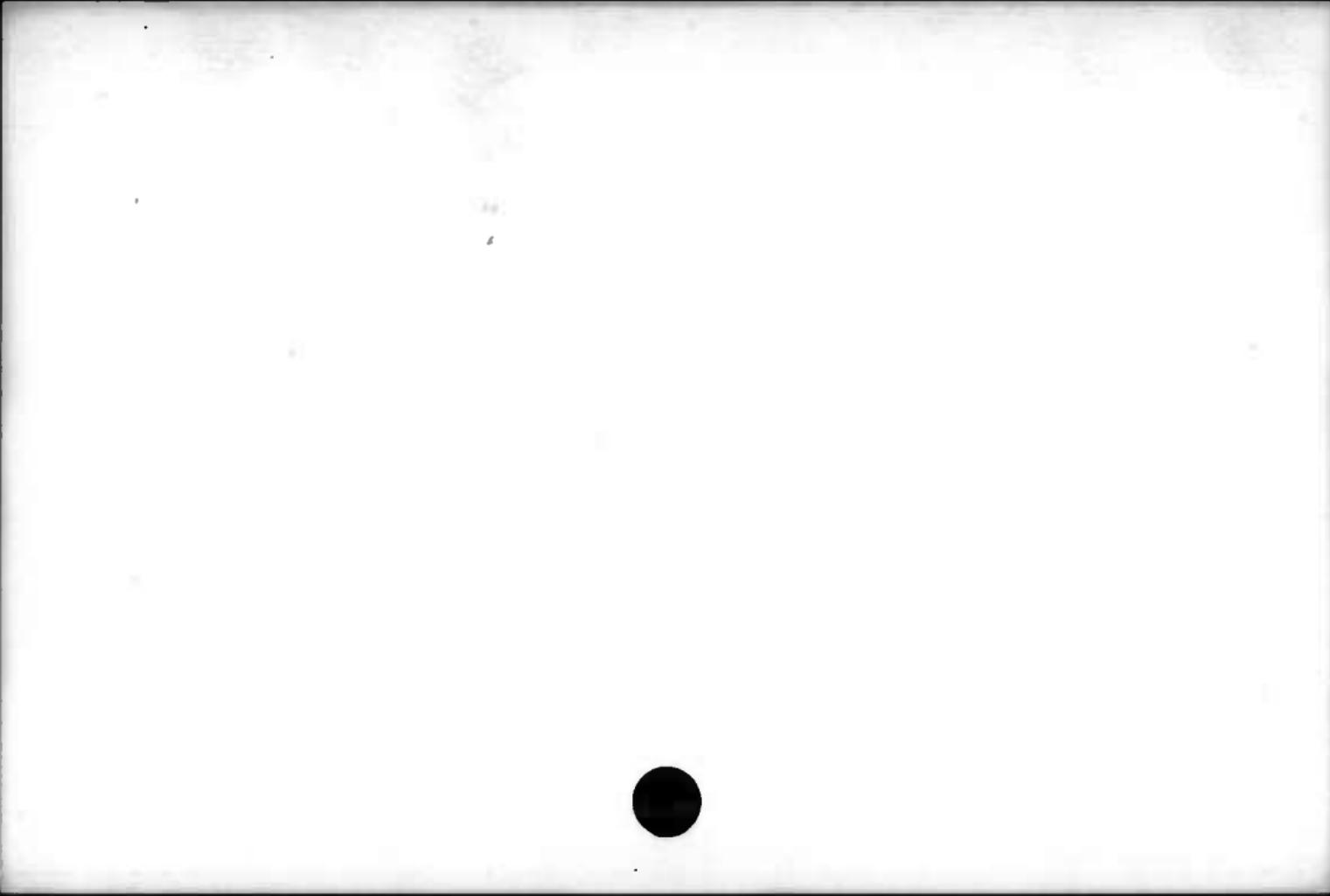
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	The Rocks		County	Harford	
Date of death 190	Month	4	Day	30	Years	Age
Sex	Female	Color or Race	White		Birth-place	The Rocks, Md.
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband	—					
Father's Name	John F. Hawkins		Father's Birthplace		Md	
Mother's Maiden Name	Rebecca Pyle		Mother's Birthplace		Md	
Name of person giving information	James F. Hazlett		How related to deceased		Neighor	

CAUSES OF DEATH

Primary	Tubercular meningitis		How long	3 weeks
Immediate	Convulsions		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Dr. F. P. Smushkin		
		Address		
		Forest Hill, Md.		
Accident or Suicide?				



Name  
In  
Full

Rachael Ann Jones

CERTIFICATE OF DEATH

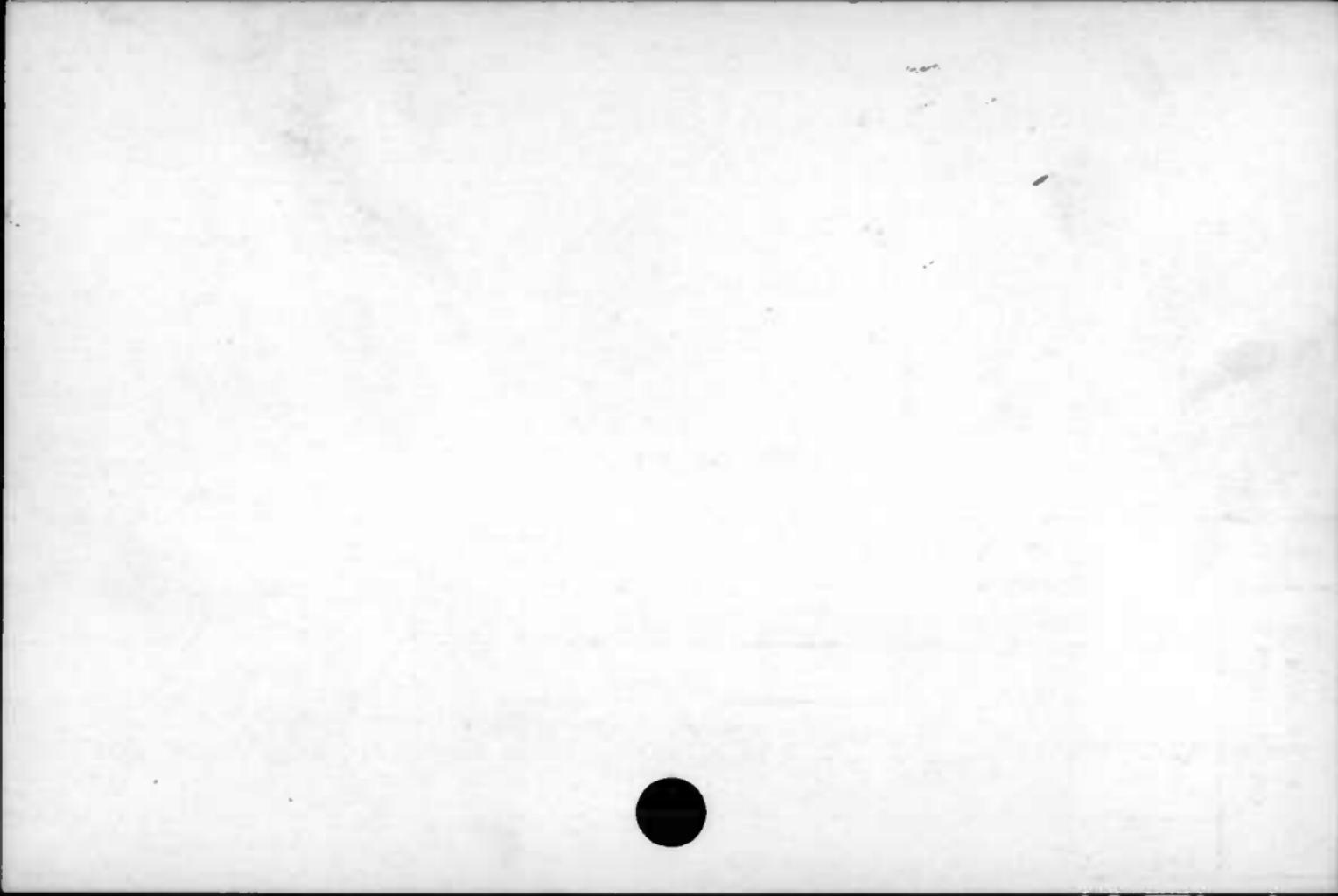
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Apr.	Day 2	Years 63 Months Days
Sex Female	Color or Race White	Birth-place	
Married, Single or Widowed	Occupation	Widow House Keeping	
Name of Wife or Husband	Benj. Jones,		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	Robert. Jones.		

CAUSES OF DEATH

Primary	Thrombosis Central.		How long 8-2
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	R. Wann. Ramsay
		Address	Delta. Pa
Accident or Suicide?	f		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Erastus Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Married, Single or Widowed	Occupation				
Name of wife or Husband	Son				
Father's Name	Singer			Father's Birthplace	North Carolina
Mother's Maiden Name	Lawson			Mother's Birthplace	Mill Grove
Name of person giving information	—			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

(one) year

Immediate

"  
yes

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr W.E. Anthony

Saint M<sup>o</sup> X

Accident or Suicide?



Name  
in  
Full

Thomas C. W. Nutt

CERTIFICATE OF DEATH

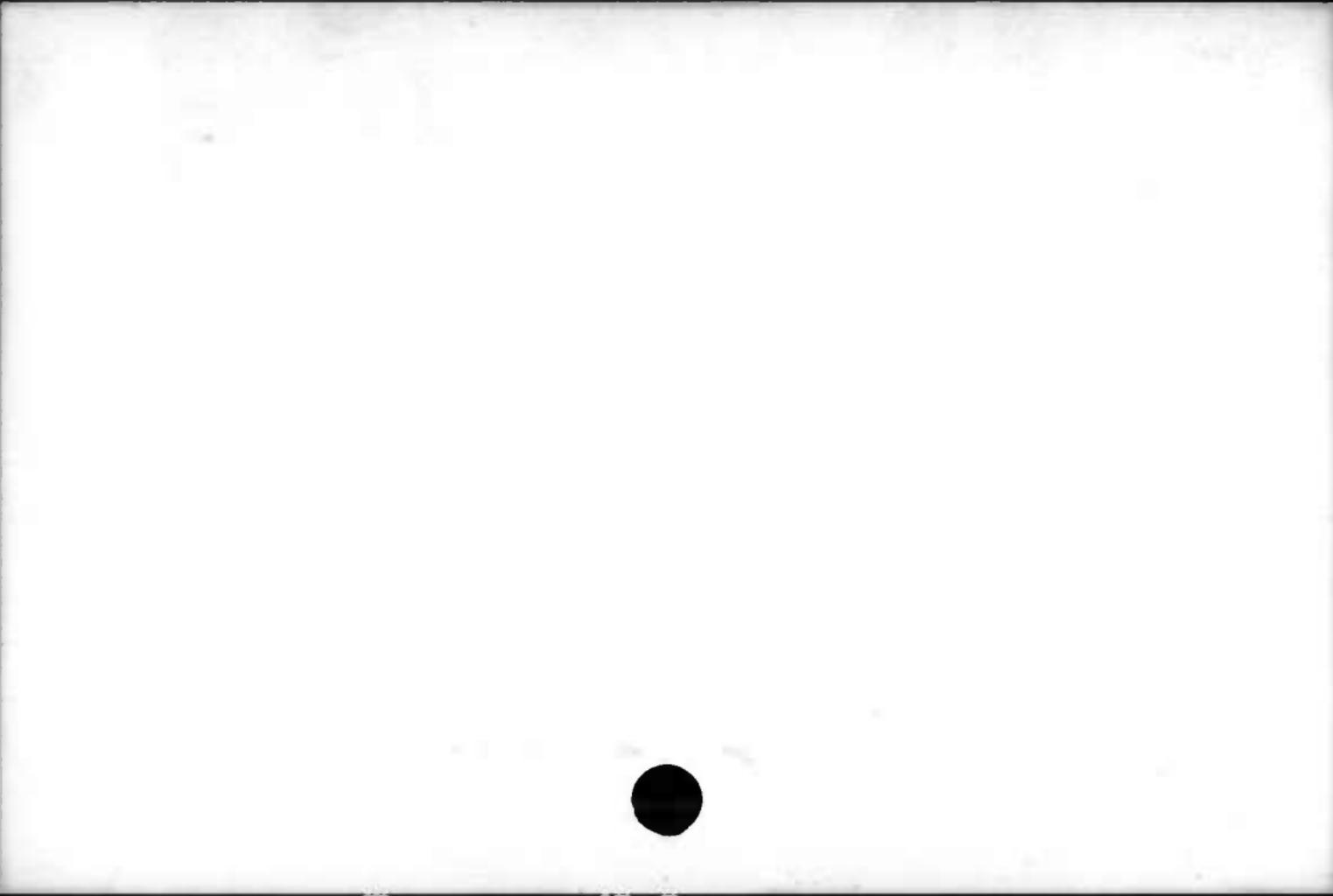
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month 4	Day 25 -	Age 75 -	Years	Months	Days
Sex Male	Color or Race White		Birth-place Maryland			
Married, Single or Widowed Married	Occupation Carpenter					
Name of Wife or Husband						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information Dr. Ephi Hopkins					How related to deceased Physician	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart disease	79	How long
Immediate	Prosternon-displasma		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. Ephi Hopkins
			Address Darlington Md
Accident or Suicide?		X	



Name in Full

Certificate of Death

Sophia M. Poulsen

Town

County

MARYLAND

Died at

Pearff

Barford

Date 19

18

Month

Day

Y

M.

D.

Native of

Occupation

WhiteWhiteMarietteWidowDivorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

Chr. Poulsen

Mother's  
Maiden Name

Georganna Gordon

How long sick

Cause of

Primary

Death

Immediate

Convulsion 70

Accident, Suicide, Homicide

Reported by

Geo. W. Davis M. D.

Address

Bladensburg  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Priscilla Presbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 11	Day 24	Age 25-	Years	Months	Days	
Sex Female	Color or Race Black	Birth-place Maryland					
Married, Single or Widowed Single	Occupation Servant						
Name of Wife or Husband							
Father's Name George Presbury				Father's Birthplace Md.			
Mother's Maiden Name Susan Wilson Presbury				Mother's Birthplace Md			
Name of person giving Information Dr. Ephi Hopkins				How related to deceased Physician			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phthisis Pulmonary

How long

Immediate

How long

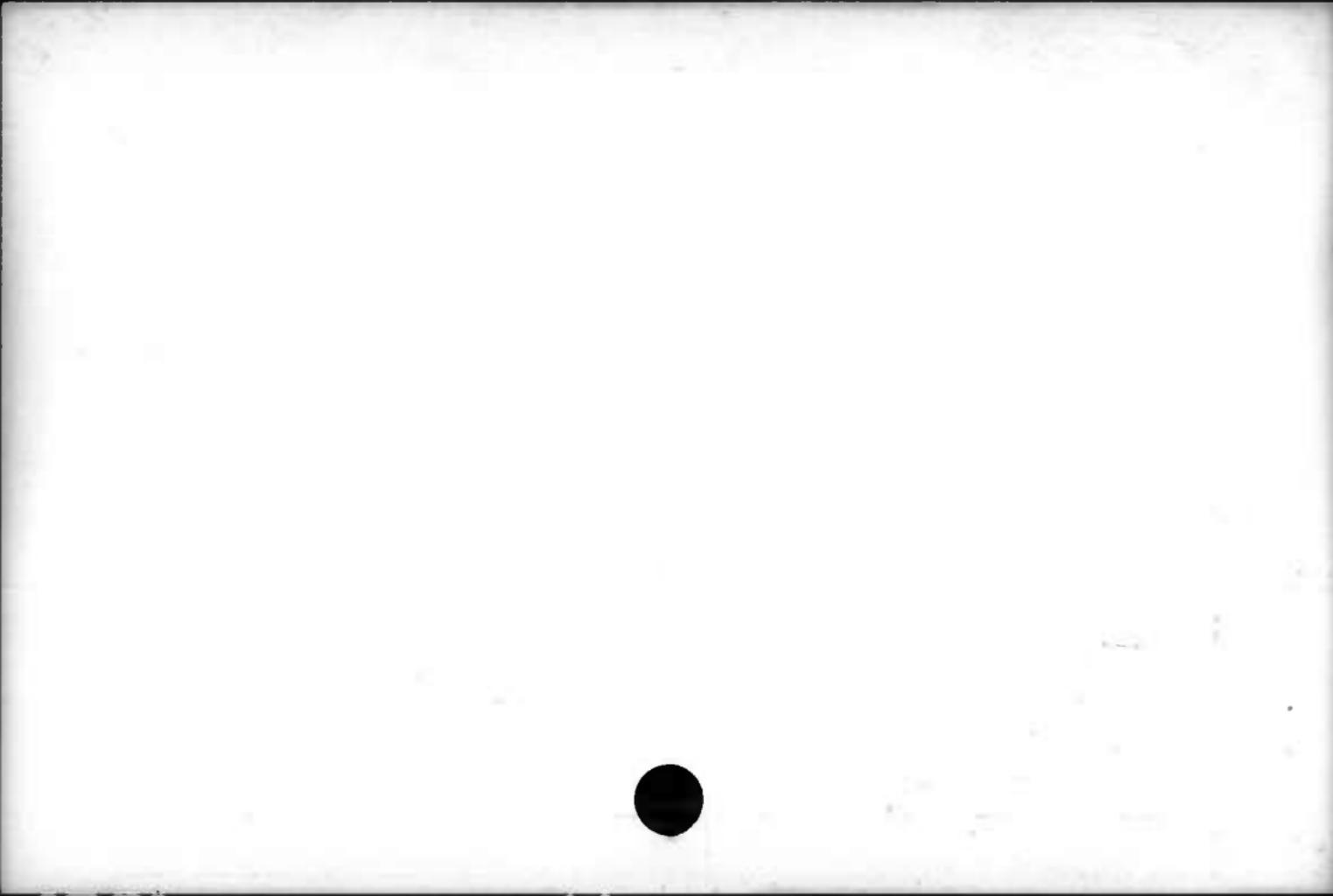
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. Ephi Hopkins  
Darlington Ward

Accident or Suicide?



Name in Full

Eliza Rice

Certificate of Death

Town

County

MARYLAND

Died at

Hyattsville

Month

Day

Y.

M.

D.

Native of

Date 19

03

April 28

Age

96

--

--

Occupation

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

7 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. J. A. Collier

154

Address

Newell, MA

4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Ernest Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>The Rocks</i>	County <i>Hayford</i>	MARYLAND		
Date of death 1903	Month 4	Day 29	Years 32	Months	Days
Sex	Male	Color or Race	Black	Birth- place	<i>Hayford Co.</i>
Married, Single or Widowed	<i>Single</i>		Occupation	<i>Laborer</i>	
Name of Wife or Husband	<i>George Rice</i>				
Father's Name	<i>George Rice</i>		Father's Birthplace	<i>Hayford Co</i>	
Mother's Maiden Name	<i>Annie Simms</i>		Mother's Birthplace	<i>Hayford Co</i>	
Name of person giving Information	<i>John Ramsey</i>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Phthisis</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. T. P. Smithson</i>
		Address	<i>First Street</i>
Accident or Suicide?			<i>Not</i>



Died at

Loyal

Town

County

Harford

MARYLAND

Date 1903

Month

4 - 5

Day

Y.

M.

D.

Native of

Md.

Occupation

Farmer,

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

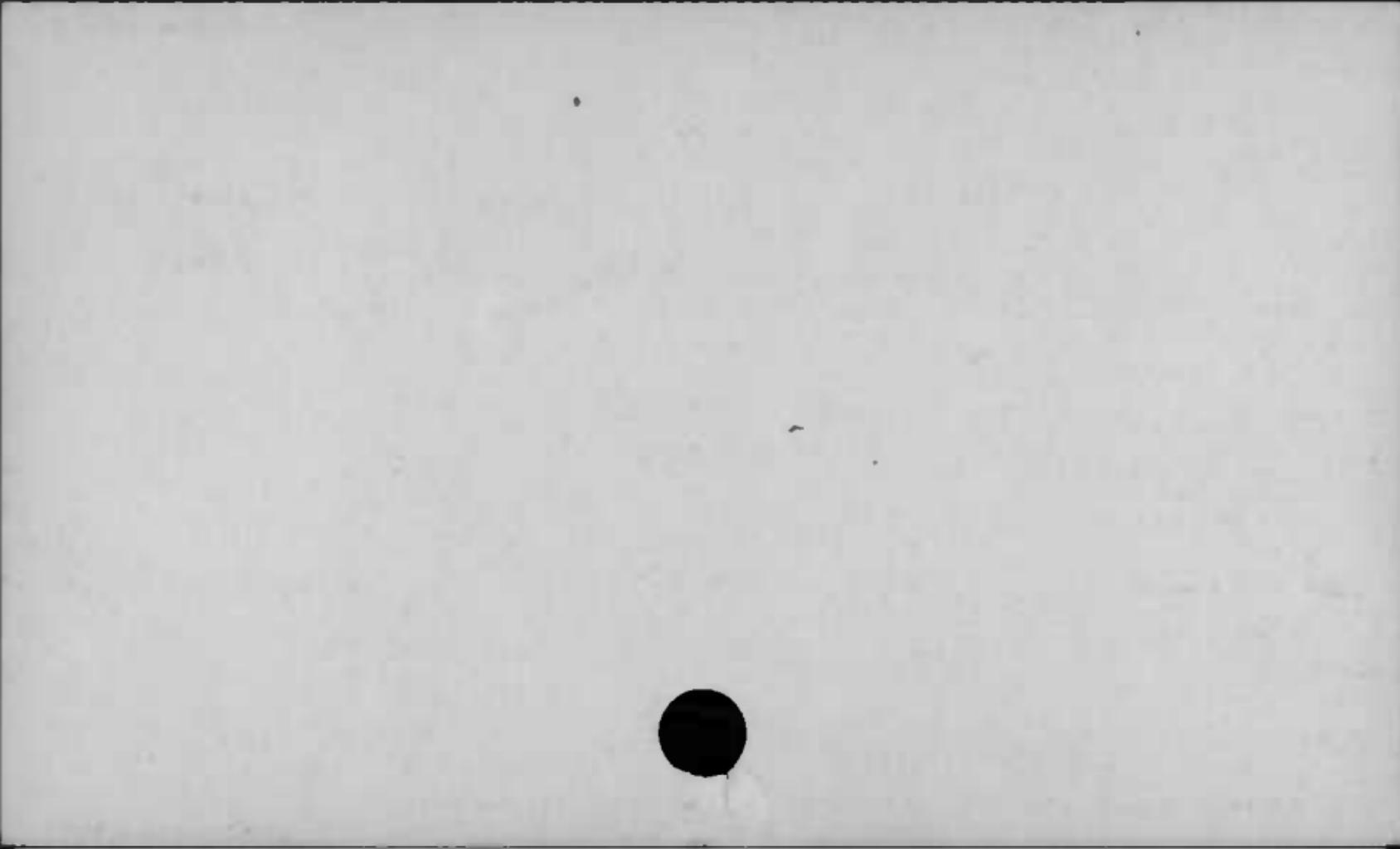
W. S. Gorsuch, M. D.

27

Address

Churchville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Eliza [Stoopman] Silcox.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near Glenville		County Starford		MARYLAND		
Date of death 1903	Month April	Day 9 <sup>th</sup>	Age 75-	Months 10	Days 12	
Sex Female	Color or Race White				Birth- place near Abingdon Md	
Married, Single or Widowed Widow	Occupation Widow					
Name of Wife or Husband Jeremiah P. Silcox						
Father's Name Peter Stoopman				Father's Birthplace York Co., Pa.		
Mother's Maiden Name Mary Cooper & Lump				Mother's Birthplace near Darlington Starford Co		
Name of person giving Information Albert P. Silcox				How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER.

Primary

Heart disease

How long

Several years

Immediate

General weakness

How long

Are the name, age, sex, color, date  
and place correctly given above?

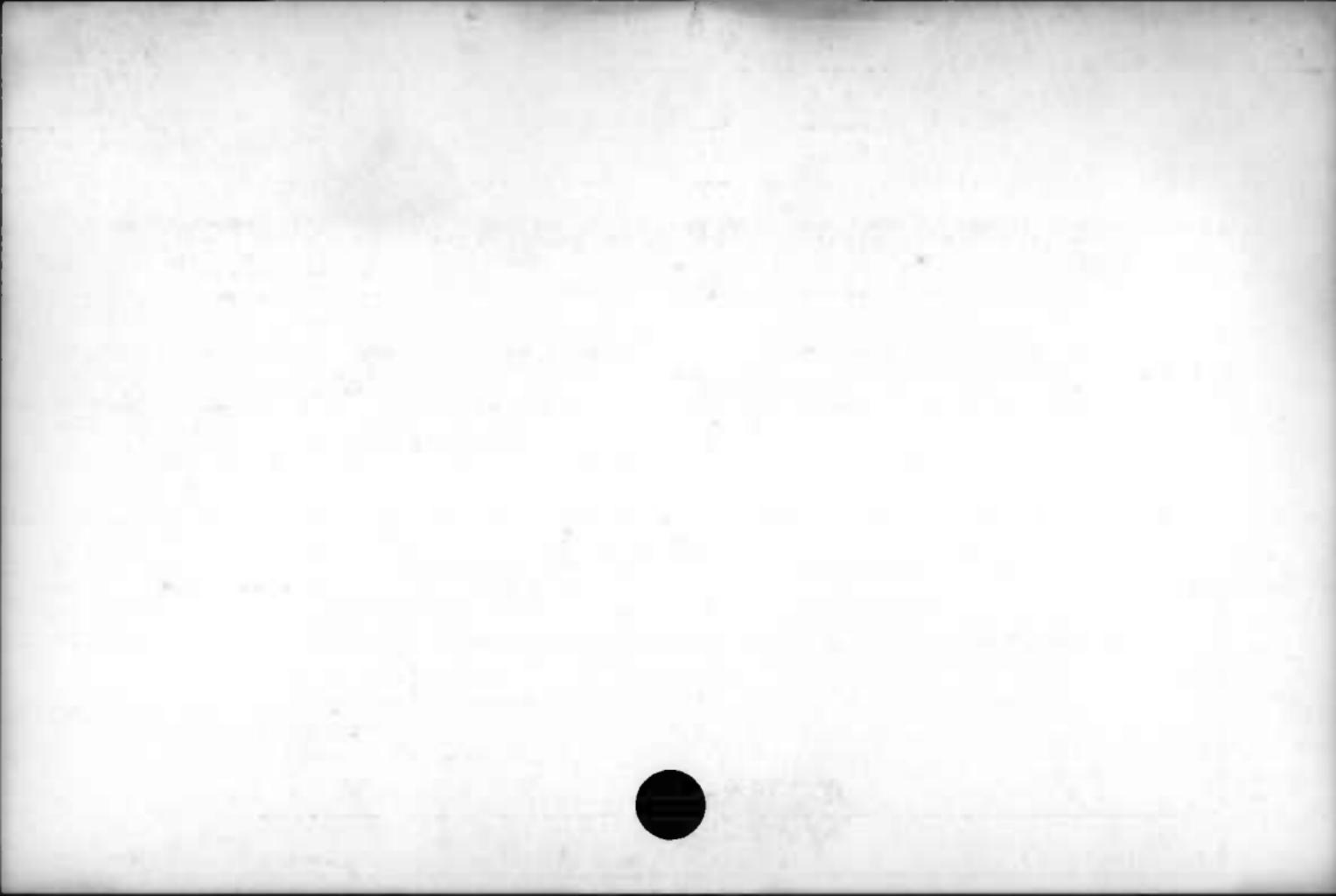
Geo

Signature of  
Physician  
R M Smith M.D.

Address

Neon de Grace

Accident or Suicide?



Alick Smith

Died at Mar Alden County Harford MARYLAND

Town	Month	Day	Y.	M.	D.	Native of	Occupation
Mar Alden	4	20	4	-	-	Md	✓
	Male	White	Married	Widow	Divorced		
	Female	Colored	Single	Widower	Number of children living		✓

Husband of ✓

Wife

Father's Name

Eunice Smith

Mother's Maiden Name

Mary Smith

Cause of Primary ✓ How long sick

Death Immediate Burned Accident, Suicide, Homicide

Reported by


  
S. O. Kammay S. 1920  
Alden Ad

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eliza Smith

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Male

White

Age

65

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Cause of

Primary

Congestion of Liver

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

John Stier  
Brigman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah A Thompson

Town

County

Died at

Gibson

Harford

MARYLAND

Date 1893

Month Day  
4 12Y. M. D.  
73 3

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

William Thompson

Wife

Mother's

Father's

Name

Name

Cause of

Primary

Long trachea &amp; Heart disease 3 yrs

How long sick

Death

Immediate

Chastisement.

Accident, Suicide, Homicide

Reported by

Dr. F. P. Smithson

Forest Hill

Mar 1999

X

Address

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Martha R. Treadway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Chestnut Hill	Sanford				
Date of death 1903	Month 4	Day 29	Years 70	Months 2	Days
Sex Female	Color or Race white	Birth-place Ind.			
Married, Single or Widowed	Occupation House wife				
Name of Wife or Husband Thomas M. Treadway					
Father's Name Stephen Tipton	Father's Birthplace Ind.				
Mother's Maiden Name Elizabeth Lynch	Mother's Birthplace ,				
Name of person giving information Alice Treadway	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bronchitis	How long 10 days
Immediate Traumatic Coma	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician William S. Archer
	Address Bel Air Md
Accident or Suicide	

